

JUN 16 1986

Umetco Minerals Corporation

INTERNAL
CORRESPONDENCE



PO BOX 579 4625 ROYAL AVENUE • NIAGARA FALLS NEW YORK 14302

To (Name)

Mr. R. M. Thode
UCC-Insurance Department
B-4154
Danbury, CT

Date

June 11, 1986

Division

Originating Dept TECHNOLOGY

Location

Area

Area

Answering Letter Date

Copy to

✓ Mr. J. F. Frost
Mr. F. V. McMillen

Subject

Application for Radioactive
Waste Transport Permit

Dear Mr. Thode

As I told you on the phone yesterday, I will require evidence of liability insurance in order to obtain a Radioactive Waste Transport Permit from the State of South Carolina. I require a permit number before I can proceed further in arranging for disposal of low level radioactive waste currently stored in drums at our Niagara Falls site. Because we are facing a deadline I would appreciate anything you can do to get the evidence to me as soon as possible.

I am enclosing for your reference a copy of the cover letter I received from the South Carolina Department of Health, a copy of those pages of Regulation No. 61-83 that pertain to proof of liability and a copy of a Certificate of Insurance that was issued March 21, 1985.

Thank you for attending to this matter.

Sincerely,

D. J. Hansen
Assistant Director - Technology

/mau
Enclosures

UCCNHT0003370

South Carolina Department of Health and Environmental Control

2600 Bull Street
Columbia, S C 29201

Commissioner
Robert S. Jackson, M D



Board
Moses H. Clarkson Jr., Chairman
Leonard W. Douglas, M.D., Vice-Chairman
Barbara P. Nuessle, Secretary
Gerald A. Kaynard
Oren L. Brady, Jr.
James A. Spruill, Jr.
William H. Hester, M.D.

RECEIVED
MAY 17 1986

D. J. HANSEN

MEMORANDUM

TO: All New Applicants

FROM: Virgil R. Autry, Director *Virgil R. Autry*
Div. of Rad. Material Licensing & Compliance
Bureau of Radiological Health

SUBJECT: Application for S.C. Radioactive Waste Transport Permit

Enclosed are 2 copies of Form DHEC-800 (Rev. 10/84), "Application for Radioactive Waste Transport Permit", to be submitted to the Department with the required fee (listed below) and documentation.

Pursuant to Section 3.2 of Department Regulation 61-83 (enclosed), all applications submitted must be accompanied by a Certificate of Liability Insurance issued for the calendar year applied for. For those applicants not maintaining liability insurance, they must deposit and maintain with the Department a cash or surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00). Failure to provide these required documents will result in delays in processing of your application.

Transport of radioactive waste into or within the State of South Carolina without a valid permit is prohibited by law.

FEES

1. **CLASS X** - \$500.00: more than an annual total of 75 cubic feet or more than 100 curies of radioactive waste for disposal within the State.
2. **CLASS Y** - \$50.00: an annual total of 75 cubic feet or less of radioactive waste consisting of 100 curies or less total activity for disposal within the State.
3. **CLASS Z** - \$50.00: any shipment of radioactive waste which is not consigned for storage or disposal within the State, but is transported into or within the State.

Should you have any questions concerning the application or State requirements, please contact me at (803) 758-7951.

Enclosures

UCCNHT0003371

- 2.7 "Persons" means any individual, public or private corporation, political subdivision, government agency, municipality, industry, partnership or any other entity whatsoever.
- 2.8 "Permit" means an authorization issued by the Department to any person involved in the generation of radioactive waste, to transport such radioactive wastes or offer such waste for transport.
- 2.9 "Radioactive waste" means any and all equipment or materials, including irradiated nuclear reactor fuel, which are radioactive or have radioactive contamination and which are required pursuant to any governing laws, regulations, or licenses to be disposed of as radioactive waste.
- 2.10 "Radiological violation" means radioactive contamination or the emission of radiation in excess of applicable limits.
- 2.11 "Shipper" means any person, whether a resident of South Carolina or a non-resident:
- 2.11.1 who transfers radioactive waste to a carrier for transportation into or within the State, or,
- 2.11.2 who transports his own radioactive waste into or within the State, or,
- 2.11.3 who transfers radioactive waste to another person if such wastes are transported into or within the State.
- 2.12 "Transport" means the movement of radioactive wastes into or within South Carolina.

✓ 3. PERMITS

- 3.1 Before any shipper transports or causes to be transported radioactive waste into or within the State of South Carolina, he shall purchase an annual radioactive waste transport permit from the Department. An application for a permit shall be submitted on Department Form RHA-200P "Application for Radio-

active Waste Transport Permit" together with the necessary fee to: Chief, Bureau of Radiological Health, S.C. Department of Health and Environmental Control, 2600 Bull Street, Columbia, South Carolina, 20201.

- 3.2 Before a permit shall be issued, the shipper must deposit and maintain with the Department a cash or corporate surety bond in the amount of Five Hundred Thousand Dollars (\$500,000.00), or, provide to the Department satisfactory evidence of liability insurance.

✓ 3.2.1 For purposes of this regulation, liability insurance shall mean coverage of Five Hundred Thousand Dollars (\$500,000.00) per occurrence and One Million Dollars (\$1,000,000.00) aggregate, or as otherwise provided by State law.

✓ 3.2.2 Any insurance carried pursuant to Section 2210 of Title 42 of the United States Code and Part 140 of Title 10 of the Code of Federal Regulations shall be sufficient to meet the requirements of this section.

✓ 3.2.3 Liability insurance shall be specific to the packaging, transportation, disposal, storage and delivery of radioactive waste.

✓ 3.2.4 Shippers maintaining liability insurance for the purpose of this regulation may provide to the Department a certificate of insurance from their insurer indicating the policy number, limits of liability, policy date and specific coverage for packaging, transportation, disposal, storage and delivery of radioactive materials.

3.2.5 A cash or corporate surety bond previously posted will be returned to the shipper upon notification to the

Department in writing of his intention to cease shipments of radioactive waste into or within the State. Such bond will be returned after the last such shipment is accepted safely at its destination.

3.3 Each permit application shall include a certification to the Department that the shipper will comply fully with all applicable State or Federal laws, administrative rules and regulations, licenses, or license conditions of the disposal facility regarding the packaging, transportation, storage, disposal and delivery of radioactive wastes.

3.4 Each permit application shall include a certification that the shipper will hold the State of South Carolina harmless for all claims, actions, or proceedings in law or equity arising out of radiological injury or damage to persons or property occurring during the transportation of its radioactive waste into or within the State including all costs of defending the same, provided, however, that nothing contained herein shall be construed as a waiver of the State's sovereign immunity, and, further provided, that agencies of the State of South Carolina shall not be subject to the requirements of this provision.

3.5 Permit fees will be annually determined and assessed by the Department based on the following classifications.

3.5.1 Class X - more than an annual total of 75 cubic feet or more than 100 curies of radioactive waste for disposal within the State.

3.5.2 Class Y - an annual total of 75 cubic feet or less of radioactive waste consisting of 100 curies or less total activity for disposal within the State.



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

3/21/85

PRODUCER

Marsh & McLennan, Inc.
1221 Avenue of the Americas
New York, NY 10020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** American Motorists Insurance Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Union Carbide Corporation
Old Ridgebury Road
Danbury, CT 06817

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> INDEPENDENT CONTRACTORS <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE <input type="checkbox"/> PERSONAL INJURY				BODILY INJURY	\$	\$
					PROPERTY DAMAGE	\$	\$
					BI & PD COMBINED	\$	\$
					PERSONAL INJURY		\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.) <input checked="" type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	3ZM 578 450-02	Eff. 1/1/85	Until canc.	BOC INJURY (PER PERSON)	\$	
					BOC INJURY (PER ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
					BI & PD COMBINED	\$ 500	
A	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	3SB 010 120	Eff. 3/1/85	Until canc.	BI & PD COMBINED	\$ 500	\$500
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE - POLICY LIMIT)	
					\$	(DISEASE - EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Anywhere in the U.S.A.

CERTIFICATE HOLDER

South Carolina Dept. of Health & Environmental Control
Bureau of Solid Hazardous Waste Mgmt.
2600 Bull Street
Columbia, SC 29201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

UCCNHT0003375